Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Gallagher for Assembly 2022		Date of This Filing11/05/2022	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE NUMBER (916)686-1815	I.D. NUMBER (if applicable) 1434393	Report No		For Official Use Only
STREET ADDRESS		Amendment to Report No.	Page 1 of 3	
CITY Sacramento	STATE ZIP CODE CA 95814	(explain below) No. of Pages 3		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/04/2022	Randy McLaughlin Durham, CA 95938	IND COM OTH PTY SCC	Orchard Services Old Durham Wood	\$2,000.00
11/04/2022	United Airlines Houston, TX 77002	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$1,500.00
11/04/2022	Rio Bravo Fresno Aliso Viejo, CA 92656	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$1,200.00

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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11/04/2022	Sacramento Area Fire Fighters Local 522 PAC Sacramento, CA 95814 ID# 746138	☐ IND ■ COM □ OTH □ PTY □ SCC		\$2,000.00
11/04/2022	Allstate California PAC Sacramento, CA 95814 ID# 1415484	□ IND ■ COM □ OTH □ PTY □ SCC		\$4,900.00
11/04/2022	California Hospital Association PAC Sponsored by CA Association of Hospitals and Health System Sacramento, CA 95814 ID# 790773	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$1,500.00

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AREA CODE/PHONE (916)686-1815	NUMBER	I.D. NUMBER (if applicable 1434393	a)	Report No.	2022-122			For Official Use Only	
STREET ADDRESS		1		Amendment to Report No.		Page 3 of 3			
CITY Sacramento	CITY STATE ZIP CODE Sacramento CA 95814		ZIP CODE 95814	(explain below) No. of Pages 3					
Late Contr	ibution(s) Made								
DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION		DN	AMOUNT OF CONTRIBUTION		DATE OF ELECTION (IF APPLICABLE)	

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC